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ART. I.—*Hydatids*. By E. D. G. SMITH, M. D., Newark, N. J.*

THIS word, derived from *ιδανει*, vesicula, *ιδωρ*, aqua, was in former times, when medicine was in its infancy, used to signify Leiboma, or watery swelling of the eyelids; but its use was soon extended, and it has been applied to all bullæ or pellucid cysts containing a transparent fluid developed either in the cavities, or in various tissues of the human body, as well as in those of the inferior animals. These cysts, on minute examination, having been found to vary considerably in structure, and, in some instances, to possess the characteristics of animal life, an extended signification has been attached to the term, and it has been adopted as the name of an order of animals, or animalcules consisting of several genera or species.

The records of medicine testify that the occurrence of these vesicular formations in animal bodies has been commonly noticed from the time of Hippocrates; though until a recent date, their real nature seems to have been little investigated; and even at the present time, the term hydatid has a very indefinite meaning.

Hippocrates has adverted to them in his general application of the word growth—*τιμα*, and he seems to have been well aware of their occurrence in some of the inferior animals, as well as in

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man. He, however, has only noticed their presence in the chest, a part of the body where they are not most frequently observed, and where they are generally acknowledged to be only simple cysts. He also mentions them as "growths on the lung containing water," occurring frequently in the ox, dog, and in swine; and adds, "such things seem to be formed more in man than in cattle, inasmuch as our diet is more conducive to disease."

Arctæus alludes to a species of dropsy in the abdomen, occasioned by several small bladders containing water, and which prevented the escape of the water when the abdomen was pierced. But he confesses that their origin and nature were unknown to him, and adds that there were some who affirmed that bubbles of this kind pass from the intestines into the belly. (Lib. ii. cap. i. 51.)

Celsus, though he makes no direct mention of hydatids, probably alludes to dropsy from this cause in the observation, "modo corpus inæquale est tumoribus aliter aliterque per totum id orientibus." (Lib. iii. s. xxi.)

Galen noticed their frequent occurrence in the liver, and the aptitude of this organ to generate them.

They are also mentioned in the writings of *Ætius*, *Bonetus*, *Morgagni*, *Van Swieten*, and others. *Cullen* arranges them in the class *locales*, and order *tumores*.

The idea of the animalcular nature of hydatids was first broached by *Redi*, though it is generally believed that *Hartmann*, *Tyson* and *Malpighi*, were the first to suggest it. *Hartmann*, who wrote on the subject in 1685, formed his opinion from examinations of some taken from inferior animals, particularly suggested to him by witnessing their motions when immersed in warm water. His observations, however, seem to have been unknown to *Tyson*, who published in 1691, in the *Philosophical Transactions*, No. 198, a paper entitled "Lumbricus Hydronicus, or an essay to prove that hydatids often met with in morbid human bodies are a species of worms or imperfect animals." His observations were made from hydatids found in the dissection of a gazelle, and convinced him that such hydatids were of the insect tribe, or at least their embryos or eggs. The reasons he gives for his supposition were these: *First*, "They were included in an outward membrane like a matrix, so loosely that by opening it with the

finger or a knife, the inward bladder containing the lymph or serum seemed nowhere to have any connection or hold to it, but very readily dropped out, still perfectly retaining its contents. *Secondly*, from observing with the naked eye that to the inward bladder there was attached a neck or white body, more opaque than the rest of the bladder, and protuberant from it, with an orifice observable at the extremity, which seemed to be occasioned by the retraction of some part of it inwards, serving, as he conjectured, the purpose of a mouth to suck the serum from the outward membrane, and so to supply its bladder or stomach. *Thirdly*, by finding that this neck, on being approached to the flame of a candle, really moved, at first protruding and then retracting itself. On further examination, two small strings or pipes were observed proceeding from the neck, and floating in the liquor, the object of which he conceived was to convey from the mouth the pabulum of the animal, derived by suction from the outer involving membrane." He also examined minutely the hydatids of the human body, and noted the circumstances in which he found them to differ in the following case: "In a patient still living and enjoying her health better than all her lifetime before, about ten years of age, I caused her right side to be opened a little below her short ribs, whence issued out abundance of limpid water; but what was most surprising, together with it a great many hydatids, that first and last, we guessed there might come out about 500 of these bladders; most were entire and filled with limpid water; of others that were too large for the orifice, the films were broken, but in none of them could I observe the neck, though I was inquisitive to find it, which makes me think them to be different from our present subject; as also those I have frequently met with in the ovaria of women who have died hydropical, which I take to be only the eggs contained there, which by an extravagant flux of humors into them are often swelled to that prodigious size, that I have taken several gallons of water out of them." "I shall only add that I have always found the lumbrici hydropici hanging to the membranous parts, rather than included in the body of any of the viscera, as to the omentum, peritoneum, or the outward membranes that cover the stomach, liver, colon, or other intestines."

Pallas, in 1766, in a dissertation "De investigationibus viven-

tium intra viventia," described hydatids of this kind, and named them *Tæniæ hydatigenæ* vel *hydatoideæ*, from the resemblance of their heads to those of the common worm of that genus. They have also been considered as animalcules by Linnæus, Fontana, Muller, Bloch, Werner, Cuvier, Lamarck, Rudolphi and Lænnec. *Pallas* observed with regard to hydatids of the human body, that they were devoid of head and neck, but that they evinced considerable contractility in the retraction of their coats on division with a knife, he says, "with such force as to be turned almost inside outwards." He considered that this property in them constituted a title to the credit of distinct animalcular life. They had hitherto been regarded as morbid products endowed with the mere organic life of the parts with which they were found in contact.

Dr. John Hunter, in 1793, confirmed this opinion.

Since the period at which animalcular life became a distinct characteristic of certain hydatids in the inferior animals, and was assigned to some others found in man, writers have been inclined to appropriate the term *hydatid* to those apparently so endowed, and they have been called *true* hydatids; and to other pellucid cysts, formerly so considered, the epithet *false* has been applied in contradistinction.

There have been different classifications.

Kerr makes three classes: "The *first* comprehends those hydatids which evince in their structure and properties the unquestionable endowment of distinct animalcular life. The *second* consists of such as have no evidence of animalcular life, either in their construction or properties, but which has been assigned to them from certain phenomena connected with their situation and growth. The *third* embraces such as are universally admitted to have no place in the animal kingdom, but which may be regarded as excrescences or morbid formations, arising out of the natural tissues and organs of animal bodies.

The animalcular hydatids to which the first division refers, vary considerably in their structure, and have been ranged by naturalists in four distinct genera, placed in the order *Vermes*, and thus designated:—

H. cysticercus; *H. polycephalus*; *H. ditrachyceros*, and *H. echi-*

nococcus, and to these some have added a fifth, constituted by those of the second division, *H. acephalocystis*.

Bloch divides hydatids into three classes: 1st. *Vermis vesicularis tæniæformis*. 2d. *Vermis vesicularis eremita*. 3d. *Vermis vesicularis socialis*.

Goetze, in 1782, increased the number of the species, and asserted that the fin disease of hogs, cachexia cellulosa hydatigena (the cysticercus cellulosus of *Rudolphi*), is nothing but tæniæ hydatigenæ, and presumed that those which *Meckel* found in the human body are the same.

Werner and *Fischer*, in 1786, in a treatise, "*Vermis intestinalis brevis expositio*," described, under the name finna humana, a kind of hydatid probably of this same species, which was found in the interior of a muscle of a soldier who had been drowned: and soon after they published a second case.

Treutler, in 1793, speaks of two kinds of hydatids which he found in the human body; one of which he called tænia alba punctata, and the other *T. visceralis*.

Zeder, in 1800, wrote a supplement to *Goetze's* natural history of the intestinal worms, and describes the echinococcus hominis which is also observed in monkeys, and which *Rudolphi* places in the family of entozoa cystica. He mentions an instance in which this occurred in the brain of a girl twelve years old, who spent her nights in reading. He found twelve pieces, occupying the third and fourth ventricles; some of them he says were of the size of a hen's egg.

Laennec described particularly the acephalocyst.

Rudolphi and *Bremser* at first denied their animalcular nature, but afterward acknowledged it. They divided them into four classes: 1. Antocephalus. 2. Cysticercus. 3. Cœnurus. 4. Echinococcus.

Cloquet, in 1818, in an elaborate treatise on the subject of hydatids in *Dict. des Sciences Méd.*, gave a full description of the different varieties, dividing each genus into several species, and minutely detailing their several peculiarities. But as so few of them are found in the human body, I will not occupy time in enumerating them.

Some of the inferior animals, especially sheep, are often the subjects of disease in which hydatid cysticerci are generated. It is known as rot. Wet seasons, variable temperatures, and

watery pastures are generally considered the cause, and the animals affected have often been restored to a healthy condition by removal to a dry and sheltered pasturage, with the exhibition at the same time of muriate of soda, which is considered the safest and most effectual of all the remedies of this disorder. The same disease also occurs in hogs, giving rise to that condition of the muscles known as measly pork.

The class of hydatids which most particularly claims the notice of the practitioner is the *acephalocyst*.

These are simple bladders more or less transparent, in shape uniformly round or oval, and varying in size from the smallest perceptible through every gradation to that of several inches in circumference. They occur more frequently in the liver than in any other organ. They are sometimes solitary, but generally a great number exist in one cyst. The cyst which contains them is often thick and fibrous, sometimes cartilaginous or even osseous. It consists of two laminae. The fluid which it contains is serous, generally of a yellowish or amber hue. Occasionally blood and pus are mingled with it. When acephalocysts are partially divided with a knife, adhering to the inner surface of some of them, and also diffused throughout their fluid, minute vesicles are to be seen, which were considered by Laennec and Hunter to be young hydatids. They have been noticed of every variety of size from $\frac{1}{16}$ of an inch to that of a red globule of blood, and even less.

Watson says: "Acephalocysts, or headless bags, are not to be confounded with enlarged Graafian or other vesicles, nor with morbid cysts in general. They look like, or rather they are spherical sacs having one aperture only, and containing a thin colorless liquid. They are usually found congregated, sometimes in vast numbers, within a large cavity or cyst, to which they are not attached. This is in consequence of the peculiar manner in which the animals are propagated. The wall of the cyst is laminated, and the young hydatids burst forth from between its layers. In the species which most commonly infests the human frame, they are born into the cavity of the parent; in some other species they are detached externally. We therefore find a parent bag full of other smaller bags, which again are pregnant as it were with their own offspring, the grand-children of the primary cyst, and so on, somewhat after the manner of a nest of pill boxes. Minute

in their origin, these parasites may thus increase and multiply till the original cyst attains an immense size, and at length destroys life by its bulk and pressure. Of course, the immediate consequences of such pressure will depend upon the parts occupied by the hydatids." Hydatids after a certain time decay, and the skins or empty bags are squeezed together into a substance resembling isinglass. A cyst generally contains them in all stages of growth and decay.

As regards the *origin of these hydatids*, there have been different hypotheses. The earliest, which originated with Bartholine, and was adopted by Wharton and Nuck, ascribes their formation to an altered state of the lymphatics. It was probably suggested by a resemblance of the fluid proper to them, to the usual contents of these bodies.

Andral says, that admitting their animalcular nature, their organization may be accounted for in the same manner as that which has been observed to occur in fibrin, which, abandoning the blood, escapes from the vessels by some morbid process into the adjacent tissues, as seen in cavities lined by serous membranes. He says: "The fluid contained in these is not unfrequently found to exhibit certain fibrinous concretions, presenting evident marks of incipient organization, and of the same nature, though in a more advanced stage, may the transparent cysts now under discussion be considered, the formation taking place just in the same manner as the coagulum of fibrin, at first an amorphous mass, becomes vascular and organized. Thus we pass, by regular and almost insensible gradations, from the simple clot of fibrin deposited in the serous cavity, to the strongylus or *ascaris lumbricoides*; the cysticeri and other hydatids in their progressively complicated forms, and next the flattened worms, being successive links in the chain. It appears perfectly futile to attempt to fix the point in this series, where what is called animal life commences." *Laennec* considered them as animalcular.

The *false hydatids* are simple pellucid vesicles found either partially or wholly in contact with the adjacent tissues, and supplied directly through them with the fluid by which they are sustained and their growth increased. As they have been usually adverted to in medical writings, they consist either of perfect bladders, capable of being detached without lesion of structure,

or else, as it were, diverticula from the subjacent membranous expansions, from which they could not be separated at their bases without laceration of a part essential to the integrity of one or the other. There have been different opinions as to the manner in which the former are produced. Some have thought that a deposition of serous fluid first occurs, which, accumulating according as the part is distensible or resistant, causes by its pressure a condensation of the surrounding cellular membrane into a corresponding envelop, thus forming a cyst. *Bichat*, on the contrary, contends that the cyst is first formed, and increases with the increase of the fluid.

The *second kind* are produced by the distension of the interstices of the particular structures or of natural cavities with effused deposits of fluid, and vary, therefore, in nature according to the texture of the parts in which they are situated, the quality of the fluid being determined anterior to its being deposited. These cysts are sometimes single, but frequently grow in clusters, resembling bunches of grapes; sometimes they are thickly set on a broad surface, and present a honeycomb appearance. Occasionally, they are found adhering to each other at their sides, and when crowded together sometimes lose their organic vitality from pressure. Their contents vary in *quantity* from a single drop to several pints of fluid; also in *nature*, being frequently clear like water, often resembling serum mixed with blood, and occasionally purulent. These cysts have received the name of *hydroma*; they are seen often in the ovary. Though they sometimes occur in bodies otherwise free from disease, there is generally a cachectic condition of the system; their influence upon the organic function seems to be limited by the degree of pressure occasioned by their presence, and the nature of the organ in which they are situated.

Doctor Barron believes that the hydatid or vesicular form is the primitive state of tubercles and the different varieties of cancer; the conditions have been observed to coexist.

As to the *localities* of hydatids, there is scarcely a structure in the human body where they are not found. They occur most frequently in the *kidneys*; here they are generally simple cysts, produced in their peritoneal covering, presenting an appearance resembling bunches of grapes. Sometimes, though rarely, the acephalocysts occur in these organs.

They may exist to a considerable extent without manifesting any distinguishing characteristics of their presence during life, and their symptoms will, of course, be variously modified by other disease with which they are generally connected; this is true as regards their occurrence in any part of the system. Indeed, Watson says: "We can seldom tell that hydatids exist in the body till we see them. They sometimes open a way for themselves to the surface, and escape through an ulcerated outlet; and sometimes they are let out, to the surprise perhaps of the operator, who only knew that he was dealing with an abscess which required puncturing."

They sometimes pass from the kidneys into the bladder, and have been voided with the urine; Bidloo, Chopart, and Baillou report such cases. They are next seen in frequency in the *liver*; here, the acephalocyst is the common form, and it occurs here oftener than in any other locality. It is when situated in this organ that hydatids most frequently inflame and suppurate, forming abscesses, which, gradually approaching the surface of the organ, form, through the agency of adhesive inflammation, a passage externally, or into one of the different contiguous cavities, or, pointing, is opened by the practitioner. Watson mentions a case of this kind, in which a fluctuating tumor in the epigastrium was opened, "from which issued very offensive pus, with the shrivelled skins of sundry defunct hydatids." A case is recorded in *Observ. Select.*, xviii. p. 44, where, in a man who was thought to be dropsical, an abscess formed on the right side of the abdomen, which, being opened, discharged during many days bullæ to the number of over 200. A similar case is related by *Doctor Guiatti*, of Rome, in which over 300 bullæ were discharged; the abscesses healed afterwards, though fatal results have occurred from opening them.

Roux was called to a lady who was thought to have an incarcerated hernia umbilicalis, and wore a truss. On cutting through the integument, a white ball appeared, which was thought to be the sac of the hernia, and which *Roux* opened as the cause of the incarceration, when, to his astonishment, he found that the so-called hernia was acephalocyst. Sometimes, the abscesses so formed open into the intestinal canal, and the hydatids are ejected from the stomach by vomiting, or passed per anum; *Andral* nar-

rates a case of this kind in the *Clinique Méd.*, tom. iv. p. 321. A man had been affected for more than twenty years; his abdomen was much swollen, and he labored under costiveness and other symptoms peculiar to this condition. Suddenly, he commenced passing by stool pus and hydatids; and the swelling gradually subsided.

I am indebted to my friend, Doctor Dougherty, of Newark, for the following report of a case which came under his observation, suddenly terminating fatally: "July 29, 1855. By order of Coroner Baldwin, assisted by Doctor Dodd, examined the body of Hannah Porter, who had died suddenly the night before, after complaining of some slight indisposition; found the organs generally healthy except the liver and ovaries. In the right lobe of the liver, and immediately under, and pushing up the diaphragm, to which it was attached by firm adhesions, was a large fluctuating tumor, which, on being opened, proved to be a hydatid cyst; the thickness of hepatic substance over it was not more than four lines. The hydatid was single, containing about a pint of thin clear fluid; its walls were white, soft, and easily lacerable, and presenting to the eye no traces of vessels. We failed to discover any disposition in it to the evolution of other acephalocysts; the sac inclosing it was of an almost cartilaginous hardness, and showed several fissures, the edges of which, separated to the distance of an inch, were connected by transverse bands. One of these fissures was apparently recent, and might have been made just before death. Each ovary was studded with pellucid eminences, containing a serous fluid, tinged in some instances with blood; the lining membrane of the uterus was congested and covered with a sanguineous exudation, probably menstrual."

Many instances of their occurrence in other organs are on record, but time will not permit me to go into details. I will merely mention a few.

IN THE BRAIN.—Rendtorf, in a treatise "*de hydatibus in corpora humana præsertim in cerebro repertis*," describes a case in which a sac containing 71 hydatids, and weighing over two pounds, was found in one of the ventricles; and which by pressure had caused absorption of the skull, so that it was but $\frac{1}{2}$ line thick in some portions. Similar cases are related by Abercrombie, Craigie, Home, and others.

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Bremser and Morrach found them in the brain and spinal marrow.

IN THE THORAX.—They occur occasionally, and instances have been related of acephalocysts having been ejected from the lungs by coughing. Dr. Monro, in the *Morbid Anatomy of the Human Gullet*, p. 279, records a case which was cured by the patient's smoking tobacco, and inhaling the fumes as deeply as possible into the chest.

Instances are recorded of hydatids having passed through morbid perforations in the diaphragm into the thorax, and being discharged by coughing. Dr. Collet, in the *Transactions of the College of Physicians*, London, volume ii., reports such a case, in which hydatids originally lodged within the liver, were ejected at different periods during six months, to the number of 135, varying in size from that of a pea to a pullet's egg, followed by diminution of the distension which had existed in the abdomen. In the *Mémoires de l'Académie Royale des Sciences*, and the *Bulletin de la Société de la Faculté*, No. 12, Mallet, Andny, and Geoffroy report many such cases. In one, the sac opened externally and discharged over 500 cysts.

Andral once found hydatids in the pulmonary veins, which by pressure had caused aneurism of the aorta.

IN THE ABDOMEN.—They are found in the several viscera; occasionally attached to the peritoneum, and sometimes loose, either between it and the abdominal muscles, or amongst the viscera themselves; and are commonly coexistent with ascites, which makes the pathognomonic symptoms obscure. Boudet found a cyst containing 4,000 bullæ and 36 quarts of water, in the abdominal muscles. (Vide *Giornale de Brera*, 8.) Luderson found them in the spleen and pancreas.

A case is related in the *Edinburgh Journal*, No. 128, in 1836. A woman aged 26 was thought to be pregnant for three months, but dying suddenly, autopsy revealed the existence of hydatids all over the abdominal organs. In another instance, over 800 cysts were found by Bromet.

Dr. Monro reports a case of hydatids in the OVARIES:—

The patient had the symptoms of ovarian dropsy, but more pain than usual. The tumor suddenly subsided one night, and

the patient told the doctor "that she had passed several watery stools with skins in them."

Barret, in 1828, treated a case in the Hospital of Pity. The cyst was of the size of a man's head.

IN THE UTERUS they also occur—known as *mola hydativa* vel *vesicularis*. Baillie says it is probable that here they are invariably attached cysts, and never *acephalocysts*. They sometimes arise from a diseased condition of the ovum.

John Burns, in *Principles of Midwifery*, London, 1837, p. 327, says: "I have been informed by Mr. Angus, of a case where, in the third month, the foetus was discharged, but the placenta retained and converted into hydatids."

Baillie suggests that "sometimes, in consequence of a morbid state of the ovaria, some separation of the corpora Graafiani may induce them." As they increase in number and size, they distend the uterus, and at length stimulate it to contract upon them. This has often been mistaken for incipient labor. Frightful hemorrhage often occurs at this time. My friend Dr. Eyrich informs me that he once witnessed a case of this kind, which occurred in the practice of Dr. Coles, of Newark. Hydatids were expelled in sufficient numbers to fill a large wash-hand basin.

Hydatids have also been found between the bladder and rectum by Hunter; also between the uterus and rectum; in the female breast; in the tunica vaginalis testis; in the thyroid gland; a case of this is reported in the *Hist. Académ. des Sciences*, p. 71, by M. Lieutaud, physician of the Hospital of Versailles. A girl, aged 18, was in a room which was struck by lightning. She had her menses at the time, which were stopped. Shortly after, she complained of a swelling on the throat, which caused some difficulty in swallowing. Ten years after she was admitted into the hospital, where she died on the sixth day. Autopsy showed a sac of the size of an orange on and in the substance of the thyroid gland. Upon opening this, a great number of *acephalocysts* were found, and also an opening five lines in diameter, into the windpipe, where there was another sac, which by opening voluntarily had caused suffocation and death.

Watson relates an instance of the occurrence of the *cysticercus cellulosus*, in the eye of a child.

David Price, in the *Med. and Chir. Transactions*, vol. xi. p. 1,

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mentions finding them in the tibia and the fossa supra spinatus and supra spinatus.

I have already occupied so much time, that I will not go into the details of the various modes of treatment which have been suggested, especially, as Watson says, "we cannot propose any rational method of cure." It must of course be modified by the various symptoms and the circumstances under which they occur.

ART. II.—*Medullary Sarcoma.* By I. P. COLEMAN, M. D.,
Pemberton, N. J.

THIS name of fear announces a subject more satisfactory to the speculative philosopher than to the practical therapist. Whilst the recent histologist has penetrated the primitive blastema, and from the exercise of its earliest formative force, traced its irresistible and devouring progress to its distinctive termination, medical art has not interposed an additional barrier to its onward march. This is no absolute cause for discouragement. If organic chemistry has truly discovered that the empirical success of the salts of mercury, in inflammatory diseases, is due to their affinity for the fibrin of the blood, the composition of these abnormal productions being now understood, we may hope, inductively, to discover the antidote. If the introduction into the human system of any chemical agent has ever counteracted the tendency to, or decomposed calculous formations, perhaps the remedy may be found to arrest these heterologous growths. But as the latter are still under the influence of a modified vitality, whilst the former are entirely inorganic compounds, the difficulty in applying simple chemical reagents, is certainly much enhanced.

Medullary sarcomatous tumors belong to that libertine class whose charter, free as the wind, invades every structure of the system, every tissue, osseous, cartilaginous, and fibrous; muscular, cellular, and glandular, wherever a primitive cell exists, there a nidus may be found for the development of an encephaloid blastema.

Eminently malignant as these tumors generally are in their

origin, it nevertheless happens that those of an innocent character at times acquire a similar malignancy, and we see tumors which had existed harmlessly for years, suddenly assuming an active character, and terminating with the certain fatality of soft cancer. Whether the inception of this disease ever be strictly local, or whether the wan and cachectic countenance, which so frequently precedes its development, proves a constitutional dyscrasia to be its cause, it certainly is most fatally prone to return after having been removed. And, as the disease is liable to originate in any tissue, its reappearance is by no means confined to that from which a tumor may have been extirpated, but presents itself in any, and frequently very (anatomically) remote structures.

It is more incident to adolescence and middle life, as the scirrhous carcinoma is to old age. Yet, of the few cases which have come under my observation, two have terminated fatally in the form of fungus hæmatodes, at advanced periods, one at sixty, the other at upwards of seventy years of age.

As osteo-sarcoma, this disease commences in the bone in its medullary form, and by a process of cell-life, known as exogenetic production, it encroaches on the matter immediately in contact, until every trace of osseous structure is obliterated. Not only the bone, but the contiguous tissues lose their identity, the surrounding parts become more vascular, the nutrient vessels more active, and when a lesion occurs, shoot out luxuriant fleshy growths upon a base of medullary matter.

Bones thus affected in any portion, are considered to be unsound throughout their whole extent, and the true surgical rule, no doubt is, to disarticulate it at the point above. Nevertheless, in July, 1846, an amputation was performed four inches below the head of the tibia, in which this disease had entirely destroyed the tarsal fourth part of that bone, and reduced the second quarter to a mere conical shell, the apex of which terminated about three inches below the point of amputation. The stump healed well, the patient recovered, and now enjoys good health.

This case may be an exception, and it would be safer not to adopt it as the rule. Although the health of this patient has been uniformly good since the operation, there has been, at all times, an unsatisfactory doughy complexion.

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The primitive condition of these productions is both obscure and important. Health consisting in a perfect equilibrium of the organic and inorganic forces at work in the organism, we must seek the cause of disease in the disturbance of this equilibrium. The vital principle, or life-force, as it exists in vegetable matter, is capable of converting the elements of inorganic matter into organized compounds. These, again, under the influence of the life-force in the animal economy, when in the normal quantity, are converted into tissue and animal compounds of a positively definite character as to chemical composition, form, and relative size. To preserve this perfect condition, it is necessary that an exact balance be maintained between the living formative forces and the destructive action of inorganic matter.

When the formative or developmental force is too great, we have hypertrophies and monstrosities. When the sum of the vital force is deficient, we have disintegration of tissue or amorphous productions. In this consists the difference between hypertrophies and tumors. The former being an exaltation of development on the normal type, the latter depending on a deficiency of that power, and a consequent supremacy of the chemical action of inorganic elements.

How these changes may be effected, we can readily comprehend by reference to the analytical tables of organic compounds, but how they are to be anticipated is the knotty point. Through the agency of vegetable life, twelve equivalents of carbon and ten equivalents of the elements of water compose starch. Twelve of carbon and eleven of the elements of water make gum. Twelve of carbon and fourteen of water are the elements of grape sugar. Here the addition or subtraction of oxygen and hydrogen from the elements of gum, makes grape sugar or starch.

In the animal economy fat is formed from gum, starch, and sugar, simply by the abstraction of oxygen from these compounds. The animal tissues which are formed from protein, whose composition is $C_{12}N_2H_{22}O_{16}$, by the addition of hydrogen and oxygen, become chondrine, gelatinous tissue, and arterial membrane, the carbon and nitrogen remaining the same.

These results, both in vegetable and animal life, presuppose the exercise of just that amount of vital power in each tissue which constitutes the perfect equilibrium of forces necessary to

health. If the controlling power in the formative stroma of any tissue be weakened, but not destroyed, those definite and harmonious compounds are no longer formed, and more or less of a particular element being added or withdrawn, a production may result, not actually inorganic, but having a parasitic vitality, capable of propagating its peculiar mode of action.

Thus, if from protein whose formula has been given, five equivalents of carbon and one of hydrogen be deducted, leaving the nitrogen and oxygen as before, we have $C_3N_6H_{11}O_{16}$, the composition of pulmonary tubercles, the development of which, if not caused, is greatly facilitated by impaired digestive and assimilative functions. This affords a chemical solution to the value of cod-liver oil in tuberculous diseases, by supplying a highly carbonized product for erema-causis, thereby saving the animal tissue. I have not a formula for the matter of medullary sarcoma.

Hence an important deduction in prognosis. When the battle of life has been sustained by an incessant strife between an inherently weak vitality and the inorganic forces, and a malignant growth takes place, the result may be much more disastrous, from the liability to reproduction, than when it occurs in a well-nourished and vigorous constitution.

Liable as medullary sarcoma is to return, and regardless as it is of the structure which it attacks, perhaps it has been observed to invade the lungs less frequently than any other organ. Sir Astley Cooper thought it might occur there. Dr. S. G. Morton met with it once, and Bayle observed it three times in nine hundred autopsies.

In the summer of 1853, John —, an Irishman, aged 35, was admitted into the county house, with a tumor filling the bottom of his right foot, having the well-known appearances of soft cancer, extending from the heel to the toes, having a depth of three or four, and width of five or six inches, nodular surfaces, and irregularly infiltrated into the surrounding parts. The spongy, elastic feel, and apparent fluctuation with the arborescent varicose veins, and wan complexion of the patient, made the diagnosis clear. It had been nearly a year in progress, and painful from its first discovery. Constitutional disturbance and general debility were apparent. Two other tumors, each about the size of a hen's

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egg, were imbedded in the gastrocnemius muscle sufficiently near the surface to give their peculiar characteristics to the touch.

There were several enlarged inguinal glands, which it was presumed were simply the result of irritation. Amputation was therefore determined on, and in September performed above the knee. The tumors, both of the leg and foot, proved, on subsequent examination, to be true specimens of encephaloid matter. The stump healed in a remarkably short time, without the least untoward symptom. The inguinal glands subsided in size, and never again enlarged. His health improved, and he expressed his feelings to be better and more vigorous than for two years preceding the amputation. Still there was an absence of robust and sanguine health. I regret that his history cannot be more minutely followed, as I saw but little of him until Sept., 1855, when he was laboring under consumption. Dyspnœa, cough, frequently bloody, muco-purulent expectoration, pain in left side, and from breast to back almost constant. States that he sustained a very severe attack of pleurisy last winter, from which he never recovered. No complaint of right side. Percussion extremely dull throughout the entire left side. Somewhat resonant on the right. Respiratory murmur pretty free in right side, but not perceptible in left, neither were there cavities detected at this time, but one month later, loud pectoriloquy in the left scapular region.

A spongy tumor about the size of a walnut had also made its appearance at the insertion of the deltoid of the right arm. Complexion pale, emaciated, and appetite gone. Blisters and opiates gave the most relief to the constantly recurring attacks of pleuritis.

Infusions and syrup of prunus Virginiana, syr. sars. and iodide of potassa, with demulcent mixtures as opportunity offered for their use, were resorted to, and the tumor was frequently painted with tr. iodine. This patient could not take cod-liver oil. The dyspnœa became more and more urgent, and for three or four weeks he was unable to lie down, during which time there was no bloody expectoration. Died 16th November.

Autopsy.—On opening the cavity of the thorax, the left lung was found closely adherent throughout its whole extent by a thick, dense, and intensely strong membrane, so firm that it was

with great difficulty detached from the ribs. In this lung there was no trace of respiratory structure, the whole being occupied by innumerable medullary sarcomatous cysts, varying in size from a filbert to that of a small hen's egg, so closely aggregated that the intermediate pulmonary tissue resembled fibrous bands or lamellæ. In the posterior part of the upper lobe was a large cavity communicating with the bronchial tubes. The cysts were well defined, generally spherical or spheroidal. The weight of the lungs would have been equal to a similar bulk of brain or pancreas. *

The right lung was nowhere adherent, but the pleural sac contained one half pint of bloody serum, with some partially dissolved coagula. The lower lobe was in Laennec's stage of red hepatization, entirely impervious to air. The middle lobe somewhat crepitant, but much obstructed with a sanious serum, whilst the superior lobe was disorganized by a similar encephaloid substance, as that which filled the left lung, but the cysts were not so closely assembled. The tumor on the arm at this time had doubled its former size, and on section exhibited the same brain-like material. The general character of the substance in the cysts was softer than brain and more readily crumbled under pressure. The microscope exhibited the usual forms ascribed to encephaloid cells, round, oval, and caudate, in nearly equal numbers.

Unfortunately, but little can be said for the cure of this disease. General and local treatment have hitherto been unavailing. Amputation and free excision offer relief, when a well regulated hygiene with tonics, and whatever may invigorate the nutritive function, may serve as prophylactics.

* This Annual Society.

ART. III.—*A Statistical Report of Obstetrical Practice, embracing a period of Twenty-eight Years, from December, 1827, to January 7, 1856, classified according to Denman's Arrangement of Labors.*
By W. PIERSON, M. D. Orange, N. J.*

THE whole number of births is 2080, viz: males, 1051; females, 979. The above number includes the stillborn where the sex was distinguishable.

The number embraced in Class I.—viz: Natural Labors—in which the head presents, and the labor is completed within twenty-four hours, is 1833.

In Class II., Difficult Labors, where the head presents, but the labor extends beyond twenty-four hours, the whole number is 119; these are subdivided according to the following orders:—

Order 1. From the inert or irregular action of the uterus the number is 49.

Order 2. From the rigidity of the parts to be dilated, number of cases 28.

Order 3. From a disproportion between the cavity of the pelvis and the head of the child, 38.

Order 4. From diseases of the soft parts, 4.

It is pertinent to remark that in classifying difficult labors by the foregoing orders, it was not always an easy matter to determine the precise cause of the retardation; in many instances, doubtless a complicity of causes operated, especially in the three first orders.

Class III.—Preternatural Labors, in which other portions of the child than the head present, without reference to the duration of labor, the whole number is 48, subdivided as follows:—

Order 1, in which the breech or inferior extremities present, 40, of which 32 were breech presentations.

Order 2. Presentations of the shoulder or superior extremities, 8.

Class IV. Anomalous, or Complex Labors, the whole number is 42:—

* This essay was read before the Medical Society of New Jersey at its Ninetieth Annual Session at Trenton, Jan. 22-23, 1856, and is published by request of the Society.—ED. MED. & SURG. REPORTER.

Order 1. Attended with hemorrhage, 4.

Order 2. Attended with convulsions, 12.

Order 3. With two or more children, 24.

(This number includes one case of triplets, the particulars of which have been reported to the society on a former occasion.)

Order 4. Presentation of Funis Umbilicalis, 2.

In the first order of the preceding class, viz: labors attended with hemorrhage, the number of cases may seem too small, and probably, in the judgment of others, would have been increased. It evidently includes only those cases in which the hemorrhage was the characteristic feature of the labor, putting in jeopardy the life of the patient, and demanding the most prompt and efficient efforts, and excluding all those cases which require only the simple remedies of quiet, and cold applications. Of the four cases, two were placenta prævia, in both of which the delivery was effected with great facility, and very quickly, by turning and delivering by the feet; one was fatal. In one other case, the hemorrhage preceded delivery some two or three days; it was at no time profuse, but constant. By plugging the vagina with cloths, the flooding was in a great measure arrested for six hours, when genuine pains came on; and the delivery was readily accomplished. Subsequent hemorrhage was by no means excessive; but the patient died about the third day, doubtless from previous exhaustion. In the remaining case of twins, the patient, in a good condition, had a natural and short labor. The hemorrhage occurred immediately after the expulsion of the children, and of the placenta, which followed in quick succession; death ensued in a very few minutes, before any remedies could be applied.

The whole number of stillborn is 90, including 40 abortions, at various periods of gestation, and a very few malformations.

The instances in which recourse was had to the use of forceps (one or both blades) are 102 in cases of natural and difficult labors, but principally in the latter class. At an early period of these statistics, the ergot, in difficult and protracted labors, had acquired a general reputation in this country, and was supported by commanding authorities. Induced thus in early practice to make a trial of its efficacy, experience soon taught unmistakably the dangerous and too fatal influence upon the foetus, and led to a speedy and total abandonment of its use, and to the substitution of the

forceps, as less hazardous to mother and child, and more certain to accomplish the delivery. A frequent cause for instrumental aid arose from the face of the foetus being turned towards the pubis both in the first and second classes of labors. The memoranda from which this report is compiled furnish twenty-three instances of this description.

Of the twelve cases of labor attended with convulsions antecedent or subsequent to delivery, or both, three proved fatal. The records furnish three cases of shoulder presentation, in which turning of the foetus was necessary; in two instances, it was successful, and in the other (a primipara labor) it was not practicable until the contents of the abdomen were discharged. The patient died very soon after delivery was effected.

Of the entire number of more than 2000 cases, not one patient died undelivered.

RECAPITULATION.

CLASS I.—*Natural Labors*:—

Whole Number of Labors 1833

CLASS II.—*Difficult Labors*:—

Order 1	49
" 2	28
" 3	38
" 4	4

CLASS III.—*Preternatural Labors*:—

Order 1	40
" 2	8

CLASS IV.—*Anomalous or Complex Labors*:—

Order 1	4
" 2	12
" 3	24
" 4	2

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. IV.—*New York Pathological Society.* Reported by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, Nov. 14th, 1855.

Deficiency of Occipital Bone.—Dr. DETMOLD exhibited to the Society a child which presented a deficiency on the median line in the occipital bone, near its junction with the two parietals. The opening was rounder than the Fontanelle, and its borders more distinct and abrupt; its covering was thin; and, by placing the hand upon it, the pulsations of the brain could be distinctly felt. Through this spot, the act of crying or coughing protruded a tumor, which was augmented in size by the increased muscular efforts of the child. It was divided into two by the falx cerebri, which, passing across its centre, acted as a constricting band. The child was 14 months old and in good health; the tumor had been first observed by the mother when it was 3 months of age; she asserted that, during sleep, the child showed convulsive symptoms. Dr. Detmold regarded the tumor as a hernia cerebri, divided into two by the falx; he was uncertain whether the deficiency was one of the congenital kind observed so frequently on the median line, or whether it was the disease recently described by continental writers under the name of "Craniotalis," or softening of the cranial bones; he inclined to the belief that it was the latter disease.

Ununited Fracture.—Dr. POST presented portions of bone removed from an ununited fracture, of which the following account was given: the patient, a man of 40 years of age, in good health, and of rather intemperate habits, was thrown from a cart about ten months ago, and sustained a fracture of the humerus, for which he entered the New York Hospital. There he was treated for two months, but no union could be obtained, and he left the hospital with an ununited fracture. He then came under the treatment of several physicians of the city, but experiencing no benefit, he applied to Dr. Post about six weeks ago.

A fortnight ago, an operation having been determined upon, it was thus performed: an incision was made along the outer face of the arm, the heads of the bones exposed, and a chain-saw being passed around them, they were removed, and the bones brought into apposition, and wired. The wound has since done well.

Dr. Detmold inquired what in this case had been the cause of non-union? Dr. Post replied that it was probably due to the abstraction from the patient of his accustomed stimuli. Dr. Detmold expressed the opinion that next to the occurrence of fracture on ship-board, abstraction of stimulus is the most fruitful cause of non-union.

Diseased Kidneys.—Dr. McCREADY presented two enlarged and congested kidneys, in which there was a considerable purulent deposit, which could be traced along the tubes, and poured freely from them upon pressure. No history of the previous symptoms could be obtained, except that the man had been attacked with sudden and violent pain in the abdomen, after working in a damp cellar, and that he had since had fever. For this he entered Bellevue Hospital, where, in a few days, he sank into a state of coma, and died. His urine (which was freely passed) was tested previous to death, and found albuminous, and the post-mortem examination revealed the renal disorder above mentioned.

Lobular Pneumonia in the Adult.—Dr. McCREADY exhibited the lungs of a patient who entered Bellevue Hospital, with double pneumonia, which he had contracted after drinking very freely and exposing himself. In a few days after admission he died, and in the lungs were found a number of small abscesses filled with well-elaborated pus. The case was one of lobular pneumonia, which, although common in children, is rare in adults; at least he had met with no other cases of it. In the physical sounds he had been struck by the peculiarly coarse and almost mucous character of the crepitus.

Concretions from the Pancreas.—Dr. McCREADY presented a concretion of mixed phosphate and carbonate of lime, over one-third of an inch in diameter, and above an inch long, which was found in the pancreatic gland and duct of a patient who had died in Bellevue Hospital, of albuminuria and phlebitis, on the 23d of October last. The patient, who was an emaciated and feeble looking person of 30 years of age, entered the hospital on the 17th of October, laboring under violent dyspnoea. His previous history was to the effect that he had been in good health up to two years ago, when he had contracted a cough which had since been accompanied by loss of flesh and hæmoptysis. On entrance, his pulse was feeble and frequent; the body, bathed in a profuse sweat, exhaled a disagreeable odor; the breath was extremely fetid, and the urine was albuminous. Physical examination showed the existence of phthisis. Soon after entering the ward, he had a convulsion, which was repeated in 36 hours—before this he had never been similarly affected. On the 20th, diarrhoea set in, and examination of the abdomen showed a marked tenderness over the liver, which appeared enlarged. Over the anterior aspect of the chest, a mucous râle was audible. During the night of the 20th, patient was suddenly seized with great dyspnoea, which continued until 8 o'clock the following day, when he had another convulsion which lasted five minutes, and, ceasing, left him without the dyspnoea. On the evening of the 21st, however, it returned with increased violence, and he died, after a protracted struggle, at one o'clock on the morning of the 23d. At the post-mortem examination, there were found eight abscesses in the cerebrum, each containing about half an ounce of pus; the cerebellum had none. The lungs contained a small amount of tubercular matter, and their surfaces were covered with small multiple abscesses. The liver contained numerous small collections of pus, which were scattered throughout its substance. The spleen was enlarged and softened, and contained a number of discrete abscesses. The right kidney contained an abscess in its secreting

portion which held about one ounce of pus. It was lined by pyogenic membrane, and did not connect with the tubular portion of the kidney.

In the pancreas was found the concretion already described. The urine taken from the bladder after death was examined by Dr. Draper, house physician, and found to contain albumen, epithelial cells, and casts of the tubes and blood globules, with exudation corpuscles. Its specific gravity was 1012.

Fœtus destroyed by the Funis.—Dr. KRAKOWITZER exhibited a fœtus of 4 months, the abortion of which had been caused by interruption of the circulation through the funis, which had been compressed by the following arrangement of its course: Passing from the umbilicus of the child, the cord had wound around over the shoulders, around the neck, under the arm to the placenta, causing sufficient pressure to stop the circulation and produce death. The act was preceded by a rigor three days previous, and pain in the abdomen on the day of its occurrence.

Necrosis of Femur after Amputation.—Dr. MARKOE presented a necrosed femur, which had been removed some weeks ago by Dr. Buck, who gave the following details of the case: The patient, a boy about 15 or 16 years old, received, about three or four years ago, an injury to the thigh, which was followed by inflammation of its tissues and bone, and finally resulted in necrosis. Contrary to custom, the exfoliation took place on the inner aspect of the thigh, and four fistulous orifices existed there, from which there was a profuse purulent discharge. The boy's health was, at that time, so much impaired, that Dr. Rodgers, who saw him, advised amputation, but the family objected to it. About a year ago his condition improved most surprisingly; the suppuration diminished, and so much was his health re-established that Dr. Buck entertained hopes of saving the limb by removing the sequestrum, but advised delay until the fall. All progressed well until August, when, after a fatiguing walk, profuse hemorrhage occurred from the fistulous orifices which was uncontrollable by compression of the artery as it passed over the pubis, and was checked only by firm pressure over each of the fistulous orifices. At each renewal of the dressing, this recurred with so much violence that the attending physician called in Dr. Buck. The question now was not one of saving the limb, but the life of the patient; and to do so, Dr. B. regarded amputation, either through the coxo-femoral articulation or through the femur, leaving the head of the bone in situ, as the only alternative. The operation was performed, the head of the bone being left, and the hemorrhage so well controlled that not more than three or four ounces of blood were lost. The patient did very well, and in three weeks was sitting up in his chamber. Dr. Markoe then continued the account. The amputated part being examined, the femoral artery was found perforated by a needle-like spiculum from the end of the sequestrum, and thus arose the violent hemorrhages afore-mentioned. The opening in the artery was found filled by coagula, which probably saved the patient from death by hemorrhage. One point in the case, which was unique to him, was this: the sequestrum was found lying free within its cavity; no involucrum investing on its inner face.

Sequestrum after Amputation.—Dr. MANKOZ also presented a nearly cylindrical sequestrum, about six and a half inches in length, removed from the stump of a thigh, amputated in June last. After the operation the patient did well, until the external wound had diminished to the size of a shilling, when its lips pouted, and a dead bone was discovered at its bottom by the probe. This was one month after amputation, and Dr. M. waited four months, hoping that nature would cast off the dead matter without aid; this, however, did not occur, and six weeks ago he seized the dead bone with a pair of forceps and made traction, but was unable to move it. Convinced that, as four months had now elapsed since the operation, the sequestrum must be detached, he took a stronger instrument, and making firm traction, moved the necrosed part about three-quarters of an inch, when it stopped, and would come no further. He then made occasional traction, hoping gradually to overcome the resistance, but failing to do so, he determined to resort to operation, and thus proceeded: Laying bare the end of the bone, he chiselled away about one-quarter of an inch of the involucrum; then making traction, and examining with his finger, he discovered a spiculum of bone resembling a nail, running from a bony wall within through a hole in the sequestrum to the involucrum without, which being broken by a blow of the chisel, the sequestrum at once came away.

He remarked that months after the performance of amputation at the middle of the thigh, these necrosed pieces frequently come away: the fact is mentioned by Velpeau, Chelius, Syme, Erichsen, South, Gross, and others; but having met with no satisfactory explanation of it in these authors, he suggested the following:—

The occurrence of necrosis under these circumstances may be due, 1st, to inflammatory action in the medullary membrane, which prevents it from nourishing the inner half of the cylinder of the shaft of the bone; 2d, to suppuration extending upward between the medullary membrane and the bone; and 3d, to the nutritious artery (which often enters the bone below its middle) being cut off. In the last case the bone must be nourished by the collateral circulation established through the small arteries of the medullary membrane and periosteum, which enlarge for that purpose; but being contained in bony canals, they enlarge slowly, and before reaching the requisite size the bone dies. Ultimately, however, they do enlarge the medullary membrane, elaborating a bony wall within and the periosteum without; the sequestrum is thus imprisoned between the two.

Dr. Peaselee remarked, that if the affection of the medullary membrane produced this result, it would as likely occur when the amputation was performed at any other point where it existed; he believed the third explanation to be the correct one.

Diaphragmatic Hernia.—Dr. FINNELL presented a diaphragmatic hernia, of which the following history was given: Williams, a colored man, was severely injured about the chest and abdomen on the 24th of October. During the night epistaxis came on, which reduced him very much, and on the following morning he complained of his head and chest, saying that something had burst within him. Vomiting now set in, and continued to the time of

death, which occurred on the eighth day. On the fourth day of his illness, his pulse was quick and weak, and countenance anxious; the skin was warm, and there existed great thirst. The apex of the heart was found on the right side, and the hand placed over the left, gave a thrill resembling that of an aneurism. On post-mortem examination, twenty-six hours after death, the stomach was found in the left pleural cavity pushing the lung as high as the third rib and crowding the heart to the right side. In the diaphragm there existed two openings, one an inch in diameter, and the other the size of a goose-quill; through one of these the stomach and transverse colon had passed, and through the other a portion of omentum. The spleen separated from the stomach, lay against the diaphragm—no trace of inflammatory action existed in the chest or abdomen. The openings in the diaphragm were circular, with hard, thickened edges.

Aneurism of the Coronary Artery.—Dr. FINNELL also presented the heart of a woman, 25 years of age, who had the day previous, while at work, fallen to the floor and died instantly. Upon post-mortem examination, an aneurism of the right coronary artery was discovered. This, however, had not burst, and he could not account for the suddenness of the death.

Dr. Metcalf thought that, as the head and abdomen were not examined, it could not be taken for granted that the aneurism had caused death.

Fracture of Patella.—Dr. CONANT presented a fracture of the patella, of fourteen years' standing; the fragments were separated from each other about six inches, the upper *cul-de-sac* was from $1\frac{1}{2}$ to 2 inches long, and the lower was obliterated. Little use was made of the limb during life; and in walking it was thrown forward mechanically.

Tumor of Abdomen.—Dr. CONANT also presented a tumor which was taken after death, from the abdomen of a man; it had been attached to the ilium at its junction with the cecum, and appeared to have existed between two folds of the peritoneum; it contained a thick, creamy, semifluid substance.

Dr. Metcalf remarked that he had once seen a specimen somewhat similar, which was attached to the rectum by a pedicle. The differential diagnosis between one of these and ovarian tumor would, he thought, be very difficult. Dr. Metcalf was requested by the President to examine the contents of the tumor and report to the Society.

ART. V.—Hospital Cases.

PENNSYLVANIA HOSPITAL, January, 1856.

1. ABDOMINAL DROPSY.—A report is made of the following case, not because of any unusual interest during its progress, but on account of an unusual pathological condition, exposed on post-mortem examination.

Dec. 8. Man, 35. Exsanguine appearance of a victim of miasmatic disease—œdematous extremities—abdomen swollen to the dimensions of a female in

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the eighth month of pregnancy—superficial veins turgid—spleen much enlarged, encroaching on the lungs, and of scirrroid hardness. Liquid is effused into right pleura, and the pericardium is burdened with it. The urine presents no evidences of albuminuria; alvine dejections normal. Patient complains of abdominal pain and dyspnoea. The inferential diagnosis is, that scirrhus of the spleen, and a sub-inflammation of the peritoneal cavity exist. The case is one hardly likely to recover. The treatment to pursue is that which will relieve the most apparent symptom—dropsical effusion.

Jan. 5. The patient has been placed on the usual diuretic remedies, with reference only to the amelioration of his symptoms—an incurable organic affection complicates the case. Cream of tartar and juniper-berry tea, alternately with elaterium and digitalis, have been employed with some advantage, at times, but there is no permanent gain. A very dry tongue indicated a condition of the alimentary canal requiring the use of oil of turpentine.

Jan. 12. *Autopsy.*—The *fons et origo* of the mischief is the liver, and not the spleen: while the latter appears as large as an average sized liver, the former is reduced to *one-fourth* its normal dimensions, and is cirrroid; in form it is remarkably altered—presenting no thin anterior border, but contracted into a knotted mass. Little granulated masses jut out, over the whole surface of the organ, giving it the puckered appearance of “hobnail liver,” of which it is an excellent example. The cut surface is of a yellowish hue, dotted with innumerable red points; blood flows from the larger vessels, but it has not been able to penetrate into the small ramifications. The nature of this affection is not fully determined. Laennec bestowed on it the name *Cirrrosis*, and supposed a peculiar product, analogous to that of tubercle in the lung, to be deposited here. This opinion is now abandoned. Beneath the microscope, there is found to be an hypertrophy and contraction of the capsule of Glisson, surrounding each acinus, and giving sheaths to all the vessels. The acini remain unaffected in their secreting function, unless their supply of blood is cut off by the obliteration of vessels; hence we find that jaundice was not occasioned, because a limited portion of this liver was still actively discharging its duty. The same fibroid degeneration is observed in the kidney and pancreas, and in nature is not inflammatory, nor the result of that process.

This condition of the liver will explain all the other pathological evidences. Gall-bladder filled with bile. Peritoneum and mucous membrane of intestine injected with blood. Pancreas of scirrroid hardness, cutting like cartilage. Lungs, too dark. Heart atrophied, much diminished in its cavity. Serous sacs filled with liquid.

Jan. 9. *MENINGITIS.*—Young man, brought in day before yesterday; had been taken with convulsions, which were preceded by a two days' sickness.

Since the convulsions, has lain in a state of coma, with occasional spasmodic movements. Answers no questions; pupils contracted, and eyes red. Will not protrude the tongue; patient is sensible to inconvenience, as is proved by partial voluntary muscular action, when surface is exposed to the cold; this is dependent on no cerebral operation of the will, but the result of reflex action, the same as is noticed in decapitated animals, the alligator, &c.

Pulse very feeble; there is positive depression, and though a meningeal inflammation exists, inducing irritation of the nerve centres, it is too late to use active antiphlogistic measures. Should have been bled largely in the commencement of the attack. Now we can have little expectation of recovery. Apply blisters repeatedly to scalp. Blisters to feet. Calomel, grs. x. Turpentine enemata, frequently repeated during the day.

Jan. 12. Improvement since the above treatment. Breathes with tolerable regularity. Face has not so dingy a hue; pupils still contracted; dryish condition of skin; pulse feeble, but not small; has articulated a few words, and is more sensible this morning than at any previous time; indisposed to move left arm, which is an unfavorable sign, indicating a complication of brain substance.

Administer a supporting diet; if convulsions or coma increase, apply a few leeches about the temples; keep bowels open with turpentine enemata; pil. hydrarg. gr. ij four times a day; continue the irritation of scalp.

Jan. 19. *Autopsy. Brain.*—Great congestion of pia mater, redness beneath arachnoid, which is opaque, with effusion of coagulable lymph. Paralysis of left arm was due to change in the substance of brain itself. Small blood-clots in various positions in the right lobe, and one spot is decidedly soft, creamy and disorganized. In left hemisphere no apparent change. Acute cerebritis and meningitis coexisted.

PHILADELPHIA HOSPITAL, January, 1856.

This institution has, during the past winter, been opened for clinical instruction, and lectures have been delivered twice a week. We shall occasionally present reports of these lectures.

Clinic of Dr. Biddle. Jan. 19, 1856. Bright's Disease.—Dr. Biddle presented to the class a case of *anasarca*, dependent on *albuminuria*. Dropsy, he observed, was not a disease in itself, but a symptom of disease; an effect rather than a cause. It was a morbid accumulation of the serum of the blood in the cellular tissue, or in some of the serous cavities of the body; and this might result from a variety of conditions. It might be produced by an obstruction in the circulation, preventing the return of the venous blood to the heart, as in valvular disease or dilatation of the heart. Or, the obstruction might exist in the liver, and the venous blood of the vena portæ, thrown back upon the capillaries of the abdominal viscera, would have its serum forced out into the peritoneal cavity, constituting ascites. A diseased condition of the serous membranes might be the cause of dropsical effusions into these cavities, as in chronic pleurisy and peritonitis. The state of the blood, too, might occasion effusion of its serum into the cellular tissue. Thus, the blood in *anæmia*, from a deficiency of its red-corpuscles, cannot always maintain sufficient viscosity to prevent a leakage of its water through the capillary vessels. And, again, from the loss of another of its solid constituents, its albumen, the blood will become so thin that its serum will escape, and this was the explanation of the *œdema* in the case before them.

When the albumen of the blood escapes abnormally by the urinary excretion, as in the patient under notice, the term *albuminuria* is applied by modern pathologists to the morbid condition. But, the condition thus desig-

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nated may depend upon very different pathological states of the kidneys; and it was most important, he observed, both for the prognosis and the treatment, correctly to distinguish the states of the kidney upon which the albuminuria depended.

Since Dr. Bright first established the connection between albuminous urine and disease of the kidneys, the field of renal pathology thus opened had been assiduously cultivated; and it had been shown that there were two divisions of Bright's disease, differing most strikingly in the state of the kidneys with which they were associated, and also readily distinguishable during life. One of these varieties of Bright's disease was the result of a *desquamative disease* of the kidney; the other of *fatty degeneration*. It was sometimes erroneously asserted that the *desquamative* variety was always found in the *acute* form of the disease, as after scarlatina; and again, incorrectly, that the two abnormal states of the kidney were only successive stages of the same disease. Both the varieties of Bright's disease might, however, occur in the acute as well as chronic form; and they were essentially different in the character of the disease of the kidneys, as well as in the pathological appearance which these organs presented after death.

The great difference between the two forms of the disease, was in the morbid condition of the epithelial lining of the tubuli uriniferi of the kidneys. In one form, the epithelial cells underwent *desquamative inflammation*; they became disintegrated; were thrown off from the basement-membrane, and were swept out from the tubules, entire, with the urine. The denuded tubules lost the power of secreting the ordinary solids of the urine, and, at the same time, were incapable of preventing the albumen of the blood from leaking through them with its water. In *fatty degeneration* of the kidney, the epithelial cells became the seat of the deposit of an excess of oil-globules; they underwent changes, varying in degree up to a complete oily degeneration; they were often distended by the oil-globules, and burst; but, although thus sometimes thrown off in fragments, they were not entirely detached, so as to leave the tubules bare. In the former condition, the denuded tubules allowed the transudation of a large amount of water in the urine; and hence a symptom of *desquamative* Bright's disease was a copious flow of urine, of light color, and low specific gravity. Not so, however, in *fatty degeneration*; here the condition of the tubules, while permitting the passage of albumen, was not favorable to the transudation of water, and a diminished amount of urine, of higher density, was the result. This was precisely the condition of the urine in the patient before them. The amount of urine passed was not more than two pints daily; its specific gravity was 1.020; and, as they saw, by the application of the tests, nitric acid and heat, the urine was loaded with albumen. By adverting to the probable condition of the kidneys in this case, they would understand why so large an amount of albumen was found in the urine. The kidney of *fatty degeneration* is increased in size; there is an excess—a true hypertrophy—of the glandular tissue; and the increased vascularity consequent thereupon was the cause of the abundance of albumen in the urine.

The character of the urine in the *desquamative* disease of the kidney is

quite different. The amount secreted is copious, and its density low; its specific gravity is more often below than above 1.015, and sometimes as low as 1.005. The amount of albumen, too, found in the urine is much less; and this was easily understood by referring to the state of the kidney here. The kidney of desquamative inflammation was *small* and *contracted*; its vascularity diminished; its uriniferous tubes becoming more and more shrunken as the disease advanced; and as the supply of blood decreased, the materials for the secretion of albumen were also less.

The diagnosis, then, in this case, from the condition of the urine, was fatty degeneration of the kidney. The microscope would confirm this diagnosis; and must, indeed, always be resorted to, before they could pronounce with certainty as to the variety of renal disease upon which the albuminuria depended. But it would often be of great importance to them to be able to determine the nature of the affections upon mere inspection of the urine. In the case before them, the microscopical examination which would be applied would reveal the presence of a large amount of oil-globules in the sediment deposited by the urine with fragments of modified epithelial cells. In the urine of the small contracted kidney, on the other hand, are formed disintegrated epithelial cells, partly scattered, and partly in the form of tubecasts, but *few or no oil-globules*. A small amount of oil appears occasionally in the urine of desquamative disease, but never in any abundance, while the other appearances of the urine prevent any possibility of confounding such cases with fatty degeneration.

Dr. Biddle dwelt upon the importance of correctly distinguishing these two varieties of Bright's disease, because in the one form they might expect much from treatment, while in such cases as that before them, recovery was nearly hopeless. Dr. Wilks, of Guy's Hospital, London, goes so far as to assign three years as the maximum of time which a patient, attacked with fatty degeneration of the kidney, has to live. This was, perhaps, too exclusive; but, in the present case, the prognosis was rendered still more unfavorable by a complication of hypertrophy of the heart. Of the many complications which coexisted with Bright's disease, this was the most common, as well as the most alarming. About one-half the cases presented this form of heart disease, and more than two-thirds of them were accompanied by some variety of cardiac affection.

Dr. Biddle called attention to the insidious establishment of the affection in this case. There was nothing to invite attention to the kidneys as a seat of disease. There had never been pain in the loins, and, indeed, there very seldom was in chronic cases. The treatment here could be only palliative. The age of the patient (sixty-five), removed almost absolutely the hope of a return of the kidneys to the normal condition. And, so far as they had to do with remedial agents, they were entirely at a loss for any class which had a known efficacy in restoring glandular tissue which had undergone fatty degeneration. Still, something might be done to abate the dropsical effusion, and to support the nutrition of the patient. He should prescribe ten grains of nitrate of potassa, and a grain of digitalis, three times a day, with a view to an increased action in the eliminating water of the kidneys, and, at the

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same time, to a sedative influence on the heart. The constant drain upon the albumen of the blood which was going on, demanded the freest use of strong animal food. A little wine would also be proper.

In the very forming stage of fatty disease of the kidney, an alterative course, which would induce a powerful modifying influence on the nutritive functions, might do something to prevent the advance of this degeneration. Hence the importance of determining the condition, in its very commencement, and, with this view, of an early examination of the urine, in all cases of doubtful chronic disorder. Before the recurrence of albuminuria, the microscope will often show the existence of the disease. And it should also be borne in mind that *heat*, carefully applied, will readily detect a slight amount of albumen, which would be decomposed by nitric acid. To distinguish albumen coagulated by heat, from a phosphatic deposit, a few drops of acetic acid should be added, which will redissolve a phosphatic sediment.

MEDICAL SOCIETIES.

BURLINGTON COUNTY, N. J.—The annual meeting was held at Mount Holly on the 8th of January, 1856. Eleven members present. Dr. Stratton was called to the chair. Essays were presented from the President and Vice-president. That of the President (Dr. Trimble), On the Prevailing Diseases of the Year, was received and read. It was voted that the address of the vice-president (Dr. Martin) be accepted, and lie on the table to be read at the next meeting.

Dr. Coleman presented a pathological specimen of medullary sarcoma of both lungs, with some remarks on the case.*

Dr. Butler exhibited some specimens of fluid and solid medicinal extracts, prepared by Tilden & Co., of New Lebanon, N. Y.

Officers for the ensuing year: *President*, Dr. MARTIN; *Vice-President*, Dr. PUGH; *Secretary*, Dr. BUTLER. *Delegates to State Society*—DRS. LONGSTREET, PAGE, PUGH, and COOK. *Reporter*, Dr. BUTLER.

CUMBERLAND COUNTY, N. J.—At the semi-annual meeting of the Cumberland County Medical Society, the following resolutions were passed in regard to a late fellow-member, Dr. Ephraim Buck:—

Resolved, That in the death of Dr. Ephraim Buck this society has lost one of its oldest, most active, efficient and respected members, and the community a highly useful citizen and able physician.

Resolved, That as a testimony of the respect entertained by this society for its deceased member, a biographical notice of him be recorded in the book containing the transactions of this society.

Resolved, That a copy of these resolutions be published in the *Medical and Surgical Reporter*, *The Bridgeton Chronicle*, and *West Jersey Pioneer*.

* This case is published on a preceding page.

EDITORIAL.

MEDICAL SOCIETY OF NEW JERSEY.

THE *Ninetieth* annual session of this venerable Society convened at Trenton, on Tuesday, the 22d ult., at 7 o'clock P. M. The Society was called to order, and the annual address read by the President, Dr. J. B. Coleman, of Trenton—subject, *The Importance of a Knowledge of Chemistry to the Physician*. The Society then adjourned to meet at 9 o'clock the following morning. The attendance of members was pretty good, though there were no delegates present, we believe, from the counties of Sussex, Passaic, Hudson, and Cumberland. In Middlesex, Ocean, Salem, Cape May, and Atlantic counties there are no societies. The meeting was, on the whole, one of more than usual interest. Dr. Blane, chairman of the standing committee, read an excellent report on the epidemics of the past year. He had occasion to make the same complaint that has been made by the standing committees of former years, that most of the district reporters neglect attending to their duty. Reports were received from but three of the district societies. One of these calls the attention of the standing committee to the recommendation of an advertised nostrum, for the cure of fever and ague, by certain physicians of the State, and the standing committee recommends the Society to take some action in the premises. The subject was referred to the District Medical Society for the county of Monmouth, with instructions to report next year.

Dr. Blane read an essay, by appointment, which was prepared for the purpose of being read before the Society in 1837. His subject was *Scarlatina*, and the essay was a good one. It was matter of remark that the essay had "kept well," as the doctor was evidently familiar at that time, with most of the treatment at present in vogue. In other words, there has been little advance in the treatment of this disease during the last twenty years. An essay was also read by Dr. E. D. G. Smith, of Newark, by appointment. His subject was *Hydatids*, and the paper evinced

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much patient research, and was an exceedingly valuable one. It is published in this number, and our readers can judge of its merits for themselves.

Dr. Pierson read an excellent statistical paper, which may be found on a preceding page. Dr. N. W. Condict, of Morristown, also read a paper, being a report of some difficult obstetric cases.

The business of the meeting was very promptly done, and the proceedings, on the whole, gave, we think, general satisfaction. The dinner was an important item in the proceedings of Wednesday, and was discussed with becoming taste and gravity.

The recent legislative enactments, by which the medical law is rendered almost a dead letter, has had the effect of paralyzing the energies of the Society to a certain degree, but the late meeting gave assurance that considerable vitality remains, and inspired the hope that future meetings will increase in interest and profit.

BIOGRAPHIES OF LIVING MEDICAL MEN.

Two or three years ago we conceived the idea of publishing, in this journal, portraits and biographical sketches of distinguished living medical men. We essayed to carry out this idea in two or three different ways, but finding that there were objections to our plan, we had almost given it up as not feasible, when the idea of publishing a history of the American Medical Association presented itself, and with it that of publishing portraits and biographies of the presidents, all of whom were prominent men in the profession—men quite beyond the reach of envy, as we supposed—every one of them enjoying a *national* reputation. They lived, also, in every section of the Union. Our project, therefore, was eminently a national one in its aims, and we believed it would suit the tastes of our readers, for which we catered. In our former endeavors to procure portraits, we had been foiled in one or two instances. The present plan we felt sure must succeed, from the fact that each portrait was one of a series, which would be broken if one was wanting. The result proved the correctness of our reasoning, as it was only on this representation that some consented to sit for their portraits. The responsibility of this whole matter is entirely our own, and we hesitate not to assume it, despite the fact that some of our contemporaries have made our

course the subject of unfavorable comment, and the complaints of here and there a partisan of a medical college that we have set prominently before the profession, a professor in a rival school. The reputation of such men as Warren, Stevens, Knight, Chapman, Drake, Mussey, Francis, Wood, Moultrie, Wellford, Leidy, Pope, and Davis, of all whom we have published portraits and biographies, is not private or sectional, but national property; and we shall smile content over any scoring we may get for placing such men before the profession, well knowing that no notoriety we can give them is worth comparing with that they already possess. When we publish the portraits of Bodenhamer, Hunter, Jayne, Moffat, Townsend, etc. etc., complaints of this character will be well put. Be it remembered, too, that the source whence these portraits and biographies emanate, is altogether a professional one, circulating among medical men only, and not calculated, therefore, as they were not intended, to catch the popular eye.

A correspondent of the *Buffalo Medical Journal* takes us to task (for we alone bear the responsibility), for publishing the portrait and biography of Dr. Davis, which appeared in the *REPORTER* for last May. We hesitate not to leave it to the judgment of "R." himself, if the history of the American Medical Association would have been complete on our plan *without* a portrait and biography of its originator. It is a significant fact, that the communication of "R." dates from Detroit, and but for the assurance of the editor of the *Buffalo Journal* that its writer "has no acquaintance with, or prejudice against" Dr. Davis, we should have laid it at the door of a certain friend of the Medical Department of the University of Michigan, a rival of the Rush Medical College at Chicago, between which two schools a war of words has been waging for some time.

The apparently invidious remarks called forth by this enterprise of ours, reminds us of an anecdote of a certain lady, a great belle, who had three rival suitors, each pressing his claims with great earnestness. One day the three met in the parlor of the lady's residence, when, seeing dark clouds gathering on their brows, and trouble brewing, she said to them—"Bide your time, gentlemen; I'll have you all before I die"—and—so she did! Gentlemen, please make the application.

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We are under obligations to our friend, the editor of the *Buffalo Journal*, for his attempted explanation of our course, but would correct a misapprehension he labors under, in attributing the authorship of the biographies of the Presidents of the American Medical Association to Dr. Davis. He had nothing to do with any of them, beyond furnishing the data for the biography of his own life, and but one of them, that of Dr. Chapman, was written by the editor of this journal.

THE HYDRO-OXYGEN BLOW-PIPE!

A correspondent asks—"How do you manage to support a first-class journal half-way between New York and Philadelphia?" When we first assumed the responsibility of the REPORTER, we had not a few misgivings in regard to the position we occupied between the two largest cities of the Union, each having its own medical periodicals. We feared that we should be utterly *roasted alive* between the two fires. But a thought struck us—it was this: New York and Philadelphia shall be the reservoirs of oxygen and hydrogen, and the REPORTER shall be the bit of lime upon which the two streams of gas shall play. Our readers know the result!

To drop the figure—we believe that we are in just the *very best position* for maintaining a first class medical periodical. On the highway between the metropolitan cities of the Union, we can, by proper management, secure a hold on *both* much better than if we were a resident of either. We are perfecting arrangements by which the cities of New York and Philadelphia will be strongly represented in the pages of our journal. Our interest in those cities is growing rapidly, and we shall avail ourselves of every means in our power to give a general and practical interest to the REPORTER. Under the head of "Pathological and Therapeutical Reports," we shall aim to give select portions of the transactions of the various medical associations of New York and Philadelphia, and a few cases from hospital practice.

Relying on the well-known principles and policy of our journal, and on the coöperation of our friends, and the friends of an independent medical literature, we confidently look forward to the time when the subscribers to the REPORTER will be counted by thousands.

HOSPITAL FOR DISEASES OF THE CHEST.

It is with pleasure that we announce the establishment in Philadelphia, of a hospital for the treatment of diseases of the chest. The serious nature of this class of diseases, and their great frequency, would seem to call for an institution devoted to their special treatment. An institution of the same kind is being started in New York. Many appliances, and modes of treatment can be resorted to in a hospital, which it is impossible for the general practitioner to command. We recommend the following circular to the notice of our readers.

This institution will be open for the reception of patients in the early part of April next. Its object is to combine all the best hygienic and medicinal means for the treatment of diseases of the chest, to insure, as far as possible, the certain and speedy restoration of those thus afflicted.

For the promotion of this, the managers have purchased a spacious and elegant villa, constructed with strict regard to ventilation, and replete with all the modern conveniences. It is situated in a high and healthy locality, on the western side of the river Schuylkill (formerly West Philadelphia), is surrounded with pleasant walks, rides, etc., is contiguous to an omnibus route, and in the immediate vicinity of places of worship of various religious denominations.

The medical board consists of a resident, an attending, and a consulting physician.

Attending Physician, Geo. J. Zeigler, M. D. Consulting physician, Samuel Jackson, M. D., Prof. in the University of Pennsylvania.

Further information may be obtained from James W. White, Secretary, No. 103 N. 3d Street, Philadelphia.

Too Fast! We owe our apology to our friend Dr. Hills, of the *Medical Counsellor*, Columbus, Ohio, for the remarks in the January number of the *REPORTER*, based on the absence of the portrait of Dr. Drake from our number of the *Counsellor*. Our judgment was harsh, and the remarks uncalled for. The portrait came in the number for January 5th, and had been delayed from causes depending on telegraphic and express errors, and not on Dr. Hills. The portrait is an excellent lithograph, and, we take it, is a better likeness of Dr. Drake than the one that was engraved for us in 1853.

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☞ In the REPORTER for December, in speaking of the decrease in the number of medical students in the colleges of New York and Philadelphia, we placed the falling off in the class of the Jefferson Medical College at "about one hundred." We learn that our estimate was too large, the actual falling off being only about sixty.

☞ We have received the first number of the *Cincinnati Medical Observer*, edited by Drs. Geo. Mendenhall, John A. Murphy, and E. B. Stevens, and published by the latter at No. 130 Richmond Street. The *Observer* is a very neat, attractive monthly, of forty-eight pages; and, judging from the specimen before us, is well worthy of support. It represents the interests of the *Miami Medical College*.

☞ The *Virginia Medical Journal*—the combined Virginia Medical and Surgical Journal and the *Stethoscope*, is well worthy the attention of the profession. It is one of the ablest journals we exchange with. The new title page is far from being an improvement, and we trust the old one will be restored.

The former editors of the *Stethoscope*, who were in the employ of the publishers of that journal, have issued the prospectus of a new journal, with the title of *Stethoscope and Reporter*, and claim to be the original *Stethoscope*. The name they have adopted encroaches upon the rights of Ritchies & Dunavant, the originators of the *Stethoscope*, and present publishers of the *Virginia Medical Journal*, as well as on our right to the name "Reporter."

EDITORIAL CORRESPONDENCE.

NEW YORK, January, 1856.

A NEW building, recently erected for the College of Physicians and Surgeons, was inaugurated on the evening of the 22d instant by an address from the venerable Emeritus Professor of Obstetrics, Edward Delafield, M.D. The edifice contains two spacious lecture halls (besides apartments for the museum and anatomical purposes), admirably arranged, and capable of seating each about 400 persons. It is situated on the corner of Fourth Avenue and Twenty-third Streets, both wide and elegant streets, and in close vicinity to several public buildings and long lines of elegant private residences. Following a custom which prevails extensively in this city, the lowermost story of the building is divided into stores, to be rented for various purposes, as tenants may be found for them. This is a new feature in buildings

devoted to medical objects, and is, of course, adopted solely for the purpose of revenue; but how the union of trade and physic will answer is a question with many. But *n'importe*, so long as the affairs of the Institution are in the hands of so able and liberal a faculty as at present. Good classes cannot fail to reward their industry and talent.

The three medical schools of New York are now pursuing the even tenor of their way, in generous rivalry with each other, presenting, as the orator of the inauguration said, a happy contrast to the circumstances of thirty years ago, when the three medical schools of that day were not only rivals but *enemies*, and each hoped for success only by "crushing out" the others. Then the college, whose new edifice is just opened under such benign auspices, held a place of inferior professional esteem. The faculty of its principal competitor was confessedly the ablest and most popular, and, had it been left undisturbed, would have flourished, doubtless, as no other medical school had, up to that time, in this city; but the "old school," as the present one was then called, had superior political advantages, and by procuring the enactment of a law making the diploma of the Rutgers Medical Faculty *illegal*, the pabulum of the latter was cut off, and it was literally starved to death. That nothing short of such an unfair and unprofessional act as this could have caused its suspension will readily be believed, when we recall the names of its faculty, among whom were numbered Hosack, Mott, Francis, Godman, Griscom and MacNeven. But the warfare of those days is past; peace reigns in all our borders, and the annually increasing prosperity of the three present competitors shows the superior value of scientific over political rivalry.

One thing which doubtless enhances the superiority of New York City for the purposes of instruction in medicine, is the law now in force *legalizing the study of anatomy*, which renders the *materiel* for dissection abundant and easily procurable. But more than all other things, perhaps, tending to enhance its value in this respect, is the immense amount of practical clinical instruction afforded by its medical charities, including, among others, three large and admirably ordered general hospitals, five public dispensaries, two eye and ear infirmaries, and a women's hospital, all of which are accessible to students, and where the best clinical instruction is attainable.

A tabular statement of the mortality of this city, for 1855, has recently been published, the aggregate amounting to 22,787, divided among the different months as follows:—

January . . .	1,784	July . . .	2,304
February . . .	2,069	August . . .	2,369
March . . .	2,587	September . . .	2,303
April . . .	1,743	October . . .	1,463
May . . .	1,775	November . . .	1,325
June . . .	1,741	December . . .	1,378

The number of births reported is 14,496, and of marriages, 5,595. Neither of these returns, however, is fully reliable.

The law requiring the report of births and marriages is not properly enforced, especially of the former, as, probably not one-half of the people are aware of its existence, and no effort is made to apply the penalty for its

neglect. We are sadly in need, in that department, of men of the right spirit, and imbued with the true philosophical ardor.

Even the details of the mortuary results are unworthy the name of statistics, though the aggregate must be very nearly correct, as no person can be buried without the notice of the authorities, unless under severe penalties, if detected.

To give an idea of the manner in which the diseases are classified by the Solons of the Health Bureau, I will cite the following, casually taken from a large number of similar instances in the official report of 1854. Diseases of the "Lungs, Throat, &c. (respiratory system)" caused 5,465 deaths, among which are enumerated the following, viz:—

Asphyxia	42
Thymic Asthma	1
Epistaxis	3
Casualties by injury to Chest	1
" shooting in the Chest	1
Drowned	183
Executed	1
Killed by stabbing in Chest	1
" " Side	1
" Strangulation	1
Strangulation by piece of Orange	1
Suffocation in a Lime-kiln	1
" Privy	1
Suicide by Drowning	3
" Hanging	14

Making 255 of the 5,465. Many blunders even more ridiculous than these, might be enumerated, were it worth while.

Much interest has been recently excited in professional circles here, by the presence of a case of Hermaphroditism, in which the characteristics which distinguish the sexes are most remarkably blended. I had, a few days since, the gratification of being present, by invitation, at a private examination of the individual at the house of a well-known medical gentleman, where I found a collection of about thirty distinguished members of the profession, deeply interested in its investigation, and it turned out to be one of the most remarkable on record. The subject passes for a man, and is a sailor by occupation, but if one should undertake to decide the question, as to which sex he rightly belongs, by the number of characteristics, the preponderance would be decidedly on the female side. It is true there exists a penis, with a scrotum, which contains two testicles, but the whole of that apparatus, though perfect in form, is exceedingly small, not larger than a youth's of 12 or 14 (the subject is 29), but in almost every other respect, so far as appears externally, it was a woman that stood before us. The face is entirely nude of hair, the mammae are well developed, with hairless nipples, the voice and neck are clearly feminine, the pelvis is broader than the shoulders, the limbs are very full and round, the hands and feet small; there is no hair on the trunk except a little on the pubis, but above all, as the individual states, menstruation occurs with perfect regularity, and has done so since the age of 14, though only in the spring months, at which periods and subsequently, lactation also occurs, causing swelling and pain in the breasts, and frequently

much trouble from the "caking" of the milk. There is no appearance of vagina, and the menstrual flow is through the urethra, but, as was suggested by the host of the occasion, and as has been proved to be the case in others, there may be a uterus opening into the urethra, near the neck of the bladder. The subject will not submit to any public exhibition, and was with difficulty induced to gratify even the private company, being quite a respectable and healthy man. A great desire was expressed for a further investigation of the menstrual and seminal discharges, and other points connected with the case, as well as for a drawing of the person, which resulted in a subscription for these purposes, by which we may hope to have a full report at the proper time.

Respectfully yours,

J. GOTHAM, Jr., M. D.

METEOROLOGY.

Meteorological Observations for December, made at the State Lunatic Asylum, Trenton, N. J. Latitude, N. 40° 15'; Longitude, E. 2° 12' 51".

SEVEN years have embraced but one December milder than the last, which was in 1852, and the average temperature has been 42½°. The first and third weeks afforded some splendid weather, and as late as the 23d it was so pleasant and spring-like that grass was seen starting in favored situations. On the same day last December, the Delaware was frozen so hard that teams were crossing on the ice with safety. This month the canal was frozen over for the first time on the 27th, and ice in mill-ponds was four inches on the 31st.

On the 9th, the barometer sank to 29.82 inches at 7 o'clock P. M., which point has not been reached before since April 21st, 1852, when it sank to 28.74 inches. In both instances, high wind and heavy rain occurred at the same time. In 1852 the wind was N. E.; in 1855 the wind was S.

Tabular View of Thermometrical and Barometrical Results.

		Maximum height.	Minimum height.	Mean height.	Maximum daily mean.	Minimum daily mean.	Maximum daily range.	Minimum daily range.	Mean daily range.	Monthly mean.
Therm'ter,	{ Sunrise,	23d; 49°.	27th; 15°.	33°.	9th; 54°.	27th; 21½°.	5th; 21°.	15th; 1°.	9°.	38½°.
	{ 2 o'clock P. M. Sunset,	9th e. 23d; 37°. 16th; 39°.	29th; 23°. 29th; 37°.	42°. 49°.						
Barometer,	{ Sunrise,	27th; 30.40 in.	10th; 29.20 in.	29.87 in.			9th; .57 inches.	Nothing 4 days.		29.55 inches.
	{ 2 o'clock P. M. Sunset.	27th; 30.30 " 27th; 30.30 "	9th; 29.08 " 21; 29.30 "	29.82 " 29.86 "						

PREVAILING WINDS.	RAIN AND MELTED SNOW.			
	Date.	Inches.	Snow—in.	Wind.
N. W. prevailed 9 days . .	9th.	1.39		S.
W. " 9 " . .	13th.	.20	2.50	S.
N. E. " 4 " . .	15th.	.68		N. E.
S. " 3 " . .	16th.	.35		S.
S. W. " 3 " . .	22d.	.67		S.
E. " 1 day . .	25th.	1.16		N. E.
N. " 1 " . .	29th.	.10	1.50	N. E.

Amount of rain and melted snow was 4.55 inches.

Clear sky prevailed 19 days.

The following shows the relative temperature of December for the last seven years:—

Year.	Maxima.	Minima.	Media.
1849	52 deg.	10 deg.	35 deg.
1850	56 "	15 "	36 "
1851	50 "	-4 "	30 $\frac{1}{2}$ "
1852	63 "	23 "	42 $\frac{3}{4}$ "
1853	56 "	14 "	37 $\frac{3}{4}$ "
1854	50 "	6 "	32 "
1855	57 "	15 "	38 $\frac{1}{2}$ "

Average temperature of the last seven Decembers was 36°.

A glance at the past year presents the following facts:—

- 1st. February was the coldest and July the warmest month.
- 2d. The mercury was 5° higher in September than in August.
- 3d. The highest temperature in August was the same as the highest temperature of April.
- 4th. The highest temperature of June and July was the same.
- 5th. The yearly average temperature was 54 $\frac{1}{12}$ °, being less than that of the six preceding years.
- 6th. The yearly average height of barometer was 29.778 inches.
- 7th. Barometer averaged highest during the winter and lowest during the summer months.
- 8th. May afforded the greatest number of fine days.
- 9th. Whole amount of rain during the year was 3.475 ft.; the most having fallen in June and the least in March.
- 10th. N. W. wind prevailed every month of the year except June and October, when S. W. wind prevailed.

SELECTIONS.

An Historical Sketch of Orthopædic Surgery. By WILLIAM ADAMS, F. R. C. S.—Orthopædic Surgery has for its object the scientific treatment of deformities, congenital and non-congenital, whether affecting the feet, the hands, the spine, neck, eyes as in squinting, knees, hips, or other portions of the body. However dissimilar some of these affections may appear on their first mention, further observation will show their intimate relations to, and not unfrequently their mutual dependence upon, one another. Having frequently the same origin, depending upon the same laws, and affecting structures physiologically similar, they will be found to be amenable to the same principles of treatment.

The term Orthopædy appears to have been first used by M. Andry, Dean of the Medical Faculty of Paris, who in the year 1741 published at Paris a work in two volumes, on *Orthopædy; or, the Art of Preventing and Correcting the Deformities of the Body*. He derives the term from the Greek words *ὀρθός*, straight, and *παῖς*, genitive of *παῖς*, a child; and, as the practice which it represents is by no means limited to the cure of deformities of the feet, I think there is sufficient reason for retaining this definition.

The treatment of deformities was limited to mechanical means till the year 1784, when a physician of Frankfort, named Thilenius, proposed division of the tendo-Achillis in the case of a young lady, aged 17, affected with talipes varus, which had resisted mechanical treatment. That operation was performed under his direction, on the 26th of March of the same year, by a surgeon of the name of Lorenz. The heel immediately descended two inches, enabling the patient to tread on the entire sole. From this fact I infer that it was a non-congenital case. The cicatrization of the "large wound" was completed on the 12th of May, and the cure is said to have been perfect.

The operation of Thilenius and Lorenz was repeated by Sartorius on the 10th of May, 1806, in a case of talipes equinus, in a boy aged 13, the result of abscesses on the back of the leg. These cases are related by Dr. Little in his work on Club-foot (London, 1839). A tourniquet having been applied to the femoral artery, a longitudinal incision, four inches in length, was made over the centre of the tendo-Achillis, the integument dissected off, and the fascia divided on a director to the same extent. The tendon was then cut across, and force employed to bend the foot. This failing, however, the incision was extended to the os calcis, the cicatrices divided, and the tendon isolated. Still the joint would not yield, and Sartorius tells us that he employed his entire strength, when the joint gave way with such a noise and cracking as if the whole of the bones had been broken. It is said that no fracture was discovered, but the operator was very uneasy concerning the probable consequences. Symptomatic fever, with suppuration, occurred, but the latter was not extensive. In nine weeks the wound cicatrized, complete ankylosis of the ankle having resulted; the patient was, nevertheless, able to walk with ease, unaided by a stick.

Such was the treatment of a case of talipes equinus fifty years ago! The result was more fortunate than might have been expected, or than would generally attend such a procedure.

In the year 1809, Michaelis, of Marbourg, in Germany, operated on several cases of talipes equinus, by partially dividing the tendo-Achillis; but, as he is said to have brought the feet at once into a natural position, it is

presumed he either ruptured the undivided portion, or made complete sections.

Delpech, of Montpellier, next suggested an important modification in this operation, viz: a diminution of the external wound. He did not expose the tendon by dissection, but transixed the limb between the tendo-Achillis and the deep muscles with a common scalpel, the wound on the integuments on either side being an inch in length; he then introduced a convex-edged bistoury, and divided the tendon from before backwards, carefully leaving the bridge of skin over the space between the divided ends of the tendon. This operation he performed in May, 1816, on a boy, aged 9 years, affected with talipes equinus. Here we see the first step in advance towards the present subcutaneous method. But Delpech also conceived the idea that the divided ends of the tendon should be retained in apposition after the operation till union had taken place, after which, the uniting fibrous substance should be gradually and carefully extended till it assumed a degree of length equal to the shortened muscle. This was indeed a valuable suggestion, and is the method we adopt at the present time, though by no means universally followed.

The rules laid down by Delpech for the performance of the operation, if taken verbally, appear to be much better than his practice.

He says, "1st. The tendon to be divided should not be exposed; its section should be accomplished by turning the instrument on one side, so that the line of incision may not be parallel to the division of the skin. Without this precaution, risk of exfoliation of the tendon is incurred."

From these words it might be inferred that Delpech performed the subcutaneous division of the tendon; but from his own account of the operation it is clear that his idea of not exposing the tendon was comparative in relation to the large incisions and complete dissection of his predecessors, and that he had no idea whatever of the true subcutaneous method. This great improvement was left for Stromeyer to accomplish. The other rules laid down by Delpech relate to the after-treatment, and are as correct in principle as if they had been written at the present day; in fact, precisely those upon which we at present act. They are as follow:—

"2d. Immediately after division of the tendon, the divided extremities should be brought into contact, and kept in this position by suitable apparatus until their union is effected.

"3d. As reunion can only take place by an intermediate fibrous substance, which is capable of elongation prior to its solidification, it should be gradually and carefully extended to a length sufficient to compensate for the shortening of the contracted muscle.

"4th. When this degree of extension has been effected, the limb should invariably be retained in the improved position, until the new tissue has acquired the firmness of which it is susceptible."

It seems strangely inconsistent, that the surgeon who could lay down these excellent rules, so well calculated to prevent disturbance of the parts after the operation, and favor the reparative process, should have accompanied his own operation with so much violence. In explanation, however, we at once recognize the absence of pathological observation—the true basis of scientific surgery.

And yet it may be a proud reflection for us to know, that the great pathological law, deduced directly from accurate pathological and surgical observations which should have determined the practice in this case, and a knowledge of which would have enabled Delpech to have carried off more than the full meed of praise which his warmest admirers have awarded him, had many years previously been published in the works of the illustrious Hunter.

In his *Treatise on the Blood, Inflammation, and Gun-shot Wounds*, published in the year 1794, twenty-two years, mark you, before Delpech per-

formed his operation, and thirty-seven years before the imperfectly subcutaneous operation of Stromeyer, Hunter points out as a great fundamental principle, in reference to healing injuries, the difference between those two forms of injuries, of which one is subcutaneous, the other open to the air. He says: "The injuries done to the sound parts, I shall divide into two sorts, according to the effects of the accident. The first kind consists of those in which the injured parts do not communicate externally, as concussions of the whole body, or of particular parts, strains, bruises, and simple fractures, either of bone or of tendon, which form a large division. The second consists of those which have an external communication, comprehending wounds of all kinds, and compound fractures. Bruises which have destroyed the life of the part may be considered as a third division, partaking, at the beginning, of the nature of the first, but finally terminating like the second. The injuries of the first division, in which parts do not communicate externally, seldom inflame, while those of the second commonly both inflame and suppurate." The deviations from this law in particular instances are then adverted to. Here, then, is the law of the reparative process in these two great classes of injuries. In these sentences, observes Mr. Paget, in his *Lectures on Surgical Pathology*, "Hunter has embodied the principle on which is founded the whole practice of subcutaneous surgery; a principle of which, indeed, it seems hardly possible to exaggerate the importance." With truth, indeed, has it been said, that those who trace the progress of modern surgery to its source will not fail to discern in the principles which Hunter established, the germs of almost all the improvements which have been since introduced.

Whether Hunter ever divided tendons subcutaneously may perhaps be somewhat doubtful, but it is believed that he did. In the Museum of the Royal College of Surgeons there are five specimens of Achillis tendons from the ass and deer, divided by Hunter, for the purpose of investigating the process of repair; and in the descriptions of three of these specimens in the *Pathological Catalogue*, Vol. II. Nos. 349, 351, and 352, it is stated: "The tendon was divided transversely, and, it is believed, by subcutaneous section." In one of the other two specimens, No. 348, the experiment was performed by open wound; and in the other, No. 354, it is stated that the operation was "probably not by subcutaneous incision."

It has been generally regretted that Delpach's first case was so unfortunate as to prevent him repeating the operation with such modifications as further reflection and experience would have offered; but he was ignorant of the true pathological basis upon which alone such operations can be conducted with safety to the patient, though it had been clearly enunciated by Hunter, twenty-two years previously, it may be as well that further experiments were not made. When he wrote his celebrated work, *L'Orthomorphie*, thirteen years after this operation, he did not recommend any modification of his mode of procedure.

From the year 1816, in which Delpach's operation was performed, to the year 1831, when Stromeyer divided the tendo-Achillis upon a greatly improved method, though not quite subcutaneously, Dr. Little states that there are no recorded repetitions of the operation.

In the month of February, 1831, Stromeyer, of Hanover, divided the tendo-Achillis, and in 1833 and '34 published two memoirs detailing the history of six successful cases. From this period we may really date the commencement of Orthopædic Surgery. "To Stromeyer," observes Dr. Little, "is due the honor of establishing the division of tendons on a secure and permanent basis, and of insuring its reception as a standard operation in the art of surgery." Stromeyer not only fully appreciated the value of the rules laid down by Delpach, and the soundness of the principles on which he recommended that the subsequent treatment should be conducted, but he also recognized the great source of danger in his predecessor's method of operating, viz: the large external wound, and disturbance of parts. In this

respect, therefore, Stromeyer improved the operation. He operated by "puncture," as he expresses it, without external incision. He used a small bistoury, but still he transfixed the limb between the tendons and the deep muscles, making two small wounds, and effected division of the tendon, by pressing it against the edge of the knife, rather than cutting it by any movement of the knife, which he considered would have endangered an increase in size of the cutaneous wounds. Stromeyer describes his mode of operating in his great work on *Operative Orthopaedic Surgery*, and his account is translated by Dr. Little.

Stromeyer remarks: "I have frequently divided the tendo-Achillis in this manner without producing a second puncture; but this is of little moment, as two minute punctures heal as quickly as a single one." Here, then, is the true subcutaneous section described in the year 1838, in juxtaposition with the plan of transfixing the limb, which Stromeyer preferred for the following reason. "The performance of the operation with the point of the instrument is less to be relied on, partly from its being too weak, and also because the operator can be less certain of not causing injury to other structures in the event of the patient not remaining quiet throughout the operation." The preference given to the plan of transfixing the limb is remarkable; but the number of cases so operated upon proves to us, on sufficient evidence, that it is a proceeding generally free from risk when the wounds are small. I have myself seen it done accidentally two or three times without exciting inflammation, but, at the same time, I think its adoption by Stromeyer goes far to show that he sought to improve the operation, by diminishing what he correctly conceived to be the great defect in the operations of his predecessors, rather than to establish it on the broad basis of the pathological law pointed out by Hunter as regulating the reparative process of "injuries in which there is no external communication," above adverted to.

Nevertheless, whether this result was arrived at as a mere practical suggestion, looking to a diminution of what appeared to be the source of failure in the method of his predecessors, or as a scientific deduction from pathological and surgical observation, the credit still belongs to Stromeyer of having reintroduced this operation, and performing it in the only way in which it can be undertaken with safety to the patient. Stromeyer soon had the gratification of witnessing the splendid results of this operation, which he had deprived of all its terrors. He had to contend with the strongest opposition and the severest criticism from his contemporaries, but these he overcame by his determined perseverance, and by a multitude of cases was enabled to demonstrate the safety of the operation. Dr. Little states that it was two or three years before his example found imitators. Dieffenbach, of Berlin, appears to have been among the first and most energetic followers of the Stromeyerian operation. Dr. Little states that in 1839 Dieffenbach had, up to that period, divided the tendo-Achillis in upwards of 150 cases of distorted feet. Bouvier, of Paris, Poli, in Germany, Duval, who first divided the tendo-Achillis in Paris in 1835, Jules Guérin of Paris, Bonnet, of Lyons, and Scoutetten, of Strasburg, also quickly adopted it.

Now, I think it is very likely to occur to you to ask me why, in tracing the origin and development of Orthopaedic Surgery, I refer so much to the history of the subcutaneous operation in club-foot, when we know the treatment of every other deformity of the body; wry-neck, contractions of joints, curvatures of the spine, and long bones, squinting, etc., are generally included in this branch of surgery. My reply is, that the art of curing deformities rests its claims to be ranked and incorporated with the general science of surgery, almost exclusively upon the perfection of this operation, which I may confidently state, without fear of contradiction, to be, in reference to the extent of its application, and the benefits it has conferred upon many thousands of our afflicted fellow-beings, the greatest improve-

ment in modern surgery. In saying this, I am by no means unmindful of the numerous and important improvements in modern surgery which have been suggested and perfected by the genius and industry of our professional brethren both abroad and at home, many of them arrived at after a much larger expenditure of mental labor; but a reference to the statistical tables I shall bring before you, of 17,000 cases of deformity, which have been treated at the Royal Orthopædic Hospital, and the knowledge that, probably, two or three times that number have been treated on the Continent, some of the statistical results of which I shall also be enabled to bring before you, will amply bear out the assertion I have made in claiming for subcutaneous tenotomy the highest rank among the practical and scientific improvements of modern surgery.—*Virginia Med. and Surg. Journal.*

On the Advantages of administering some Medicines by placing them upon the Tongue. By Mr. WARDROP.—*Lancet*, May 12th, 1852.—There are many circumstances which might be mentioned, in order to show the influence which some medical substances have on the animal economy when they are placed upon the surface of the tongue, these effects being caused by the absorption of the medicine, and its subsequent admixture with the mass of blood. Such phenomena are quite analogous to the effects produced by mercury or arsenic, whether these pass into the blood by the pulmonary, by the cutaneous, or by the absorbents of the alimentary canal. A gentleman, subject to what are usually called bilious headaches, had, during many years, seldom failed to obtain relief by taking sometimes two, and sometimes only one grain of calomel. He repeatedly found that there was a distinct difference in the length of time which the calomel took to relieve the headache, according as it was taken in the form of a powder put upon the tongue, or of a pill taken into the stomach. Another gentleman, who had for many years suffered from dyspepsia, and who, for some years before Mr. Wardrop saw him, was in the habit of regulating his bowels by taking a pill composed of a couple of grains of aloes with myrrh, accidentally discovered that there was a remarkable difference in the effect of the pill when swallowed or when allowed to dissolve in the mouth. When taken into the stomach, it always created a good deal of pain in the whole course of the alimentary canal, and the evacuations were irregular both in number and in quantity; but when the pill was dissolved in the mouth, no other sensible effect was ever produced than one natural evacuation. Further experience convinced the author of the difference in the efficacy of medicines placed upon the tongue, or taken into the stomach, and led him to inquire into the cause, and endeavor to explain so important a phenomenon. The structure of the tongue pointed out that it possesses an abundant supply of absorbents. "The spirituous parts," observes the illustrious Haller, "more especially of vegetables, are received either into the papillæ themselves, or into the absorbing villi of the tongue; as appears from the speedy renovation of strength by liquors of this kind even when they are not taken into the stomach. This structure satisfactorily explains how medicinal bodies, when placed upon the tongue, are absorbed and carried directly by the absorbent vessels of that organ into the venous circulation; whereas, when the same substances are taken into the stomach they are necessarily mixed with the food and juices contained in the alimentary canal, so that a more lengthened period must be required to separate them, and convey them by the absorbents into the thoracic duct, and thence into the venous system. Or they may pass unchanged, as has often been observed, out of the stomach, and in this unaltered state they are evacuated along with the excretions from the alimentary canal. This remarkable effect of medicines when placed upon the tongue, is strikingly illustrated in the administration of calomel; and it will be found that placing a very small quantity of it, say the sixth or even the twelfth part of a grain at short intervals, upon the tongue, such as every half hour, the mineral

is rapidly absorbed, and ptyalism more quickly produced than by any other mode of employing the calomel. These results of medicines are well known by the effects which croton oil produces when applied to the tongue; and it is by no means improbable that the good effects of some medicines, when used in the form of lozenges, may be attributed to their absorption by the vessels of the tongue. All the circumstances regarding the difference and the effects of medicinal bodies, when conveyed to the venous system directly by the vessels of the tongue, or when they reach the blood by the more uncertain and circuitous course by the absorbents of the alimentary canal, appear to be worthy of being noticed, and may, it is not too much to hope, lead to some practical improvement in the mode of administering remedies. How far such differences will be found to result from exhibiting chloroform, the hydrocyanic acid, and the sulphates of quinine, iron, copper, and zinc, in the form of lozenges, and the advantages of using these medicines in such a manner, well merits further inquiry.—*Ranking's Abstract.*

Illustrations of Homœopathy.—It is not often that we take up our space with this subject. Homœopathy speaks for itself, and we presume that most of our readers could bring forward "illustrations" similar to the following, which have occurred under their own observation.

The case of the late Emperor of Russia is also in point. It will be remembered that he was attended by a homœopathist, and that there has been much uncertainty as to the true nature of his disease, and speculation on the cause of his sudden death. The following may, perhaps, be the true interpretation of the case. "Mr. Makley, surgeon and coroner of London, states that the official document, reporting the death of the Emperor Nicholas, describes an impossibility. That document states that the Emperor died of paralysis of the lungs and bronchitis; and that at the last he took leave of his family with a firm voice, which Mr. Makley says was physically impossible, if he was suffering from the disease stated in the certificate of death.

"The belief, therefore, on the minds of the medical men in this country was, that the Emperor was poisoned; and it is my own opinion, not that he was poisoned by those about him, but that he committed suicide."

Homœopathic Trickeries.—Dr. COALE related the following facts. He was sent for to visit a child with convulsions, one afternoon lately. Being absent at the time, he did not see the child until the next morning. He then found that a homœopathic practitioner had been in attendance, and had given *wine of ipecac*, in the dose of *two teaspoonfuls*, at the same time leaving directions that if the child did *not* have any more convulsions, it should be made to swallow two or three of the little pellets left by him; if it *had* any more attacks, *it must have the wine of ipecac again!*

Dr. C. said that these facts, in themselves, were unimportant, save in so far as they illustrate the deception of this class of practitioners, who, while they hold out the idea to their employers that they are giving infinitely small doses, and that this is the only safe practice, often use the preparations and doses given by regular physicians. Similar occurrences are getting to be so frequent that they should be exposed, in simple justice to the profession.

Dr. C. also mentioned that whilst varying the dose of the biniodide of mercury very gradually to one-eighth of a grain, in a certain case, the apothecary who put up the prescription, showed him another, of a homœopathic practitioner, in which the dose was one-sixth of a grain of biniodide of mercury combined with three grains of hydriodate of potassa, four times a day. Truly infinitesimal.—*Boston Med. and Surg. Journ.*

Homœopathy, and the Cholera at Marseilles.—Marseilles possesses, it would appear, a very considerable number of homœopathic physicians; to believe them, they would cure all their patients, and it was only in consequence of a kind of blind infatuation that their allopathic brethren refused to adopt their mode of treatment. The authorities, little satisfied with the result of ordinary medicine, wished to know the truth of the matter. They set the homœopaths to work, and the following letter, addressed to Dr. Bouquet to the *Gazette des Hôpitaux*, proves once more how easy it is to be deceived as to the efficacy of remedies, until carefully instituted experiments interpose to distinguish the efforts of nature from the action of medicines:—

"Homœopathy has just experienced a severe check in our town.

"You have perhaps heard of the noise it made last year with its pretended success in cholera. Dr. Chargé asserted that he had not lost one out of several hundred patients, and he published this statement in the political journals of Lyons and Bordeaux.

"When, during the present year, the scourge visited us anew, the authorities bestirred themselves, and thinking it was their duty to bring the truth to light, they intrusted one of the wards of the Hôtel Dieu to Dr. Chargé. There, assisted by his colleagues in homœopathy, by pharmaciens, and by some young people, his adepts, who devoted themselves to tending the patients (for he had found the ordinary staff insufficient and incompetent) he obtained the result which might easily have been anticipated; the broad daylight did not display success.

"Of 26 cholera patients admitted into this ward, 21 died, and M. Chargé withdrew.

"To render the experiment conclusive, a ward had been set apart, in which the patients were treated by rational means, which did not profess to work wonders.

"During the same period, of 25 patients but 11 died.

"Each ward had its turn of reception.

"I think that these facts are sufficiently decisive to render a renewal of such experiments needless, for if science profits by them, which is doubtful, humanity suffers not a little."—*Journ. de Méd. et de Chirurg. Prat.*, Oct. 1855.—*Medical News*.

A Treasure, Lost or Found?—Dr. Batwell has placed in our hands a Homœopathic "*Port Médecine*," found in this city, containing eighteen bottles of tinctures and powders, which will be returned to the owner, if one can be found, having the moral hardihood to lay claim to it. Possibly it may be the more readily identified if we state, that besides the concentrated tinctures of hyosciamus, aconite and colocynth, there is in it a vial of pure morphia, of tartar emetic, of calomel, of ipecac, and of arsenic. As the loser has been too modest to inscribe his name upon any part of the casket, we have given this descriptive notice of the treasure-trove, in the hope of finding for it the rightful, innocent, and blushing owner.—*Peninsular Journ. of Medicine*.

Homœopathy in Dysentery.—Dr. Thomas said that, in consequence of the boasted success of homœopathy in the treatment of the epidemic dysentery of this borough and vicinity, during the last summer, he had been led to make inquiry as to the real facts of the case. The result of his examination was that, out of about two hundred and fifty cases treated by the regular physicians, five or six deaths occurred, while out of about a dozen cases treated homœopathically, there were an equal number of deaths.—*The Medical Reporter*—Westchester, Pa.